

Candidate

Election Year

### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

Please type or print in ink	A Pu	blic Document		
NAME (LAST)	(FIRST)	(MIDDL)	E)	DAYTIME TELEPHONE NUMBER
Mayberg	Stephen	W.		( 916 ) 654-2309
MAILING ADDRESS STREET (Business Address Acceptable)	CITY	STATE	ZIP CODE	OPTIONAL E-MAIL ADDRESS
1600 9th Street, Sacramento		CA	95814	
1. Office, Agency, or Cour	+	4. Schedule	Summai	ry
Name of Office, Agency, or Court:	<u> </u>	► Total number		
California Department of Mental	Health		is cover pag	e:6
Division, Board, District, if applicable		► Check applic	able schedu	les or "No reportable
Your Position:		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		on one or more of the
Director		attached sch		
<ul> <li>If filing for multiple positions, list position(s) (Attach a separate</li> </ul>			ess than 10% Own	schedule attached nership)
Agency: State Independent Livin			2	schedule attached mershipi
Position: Member		Schedule B Real Property		schedule attached
2. Jurisdiction of Office (C		Schedule C Income, Loans and Travel Paymo Schedule D Income – Gifts	5, & Business Fronts)  Yes – s	schedule attached Positions (Income Other than Gills schedule attached
City of		Schedule E	∑ Yes – s - Travel Payn	schedule attached
☐ Multi-County		Indonne - Ont	or-	
			-	
3. Type of Statement (Che	ck at least one box)	No report	able interests	on any schedule
Assuming Office/Initial Dal	te:/			
Annual: The period covered is through December 31, 2009.  O The period covered is/ December 31, 2009.	January 1, 2009,	statement. I ha	Ill reasonable ave reviewed the informat	e diligence in preparing this this statement and to the best tion contained herein and in any nd complete
Leaving Office Date Left:(Check one)	.11			jury under the laws of the State oing is true and correct.
O The period covered is Janua date of leaving office.	ry 1, 2009, through the	Date Signed/	1.1	3-17-10
O The period covered is/	/, through			
the date of leaving office		Signa		

our filing official)



# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

A Public Document

Please type or print in ink

NAME (LAST)	{1	FIRST)	MIDDE	E)	DAYTIME TELEPHONE NUMBER
Mayberg	s	tephen	W.		(916) 654-2309
MAILING ADDRESS S1 (Business Address Accoptable)	REET	CITY	STATE	7IP CODE	OPTIONAL: E-MAIL ADDRESS
1600 9th Street, Sacrar	nento		CA	95814	

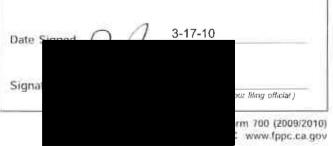
1. Office, Agency, or Court
Name of Office, Agency, or Court:
Gov.'s Comm. on Employment of People w/Disabilities
Division, Board, District, if applicable:
Your Position:
Ex-officio member
▶ If filing for multiple positions, list additional agency(ies)/ position(s) (Attach a separate sheet if necessary.)
Agency:
Position:
2. Jurisdiction of Office (Check at least one box)
<b>▼</b> State
County of
City of
Multi-County
Other
2 Town of Chahamant
3. Type of Statement (Check at least one box)
Assuming Office/Initial Date: /
Annual: The period covered is January 1, 2009, through December 31, 2009.
-or-
O The period covered is/ through December 31, 2009
Leaving Office Date Left://(Check one)
O The period covered is January 1, 2009, through the date of leaving office.
-or-
O The period covered is/, through the date of leaving office
Candidate Election Year:

4.	Schedule Summary
<b>&gt;</b>	Total number of pages 6 including this cover page:
•	Check applicable schedules or "No reportable interests."
	I have disclosed interests on one or more of the attached schedules:
	Schedule A-1 X Yes - schedule attached Investments (Less than 10% Ownership)
	Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)
	Schedule B Yes ~ schedule attached  Real Property
	Schedule C Yes – schedule attached Income Loans, & Business Positions (Income Other than Gifts and Travel Payments)
	Schedule D Yes – schedule attached Income – Gifts
	Schedule E  Yes – schedule attached Income – Gilts – Travel Payments
	-or-
	No reportable interests on any schedule

#### 5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



## SCHEDULE A-1 Investments

#### Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements

CALIFORNIA FORM	700
FAIR POLITICAL PRACTICES COI	AMISSION

Name

Stephen W. Mayberg

NAME OF BUSINESS ENTITY Intel	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000	TAIR MARKET VALUE
Partnership () Income of \$0 - \$500 () Income Received of \$500 or More (Report on Schedule C)	Partnership () Income of \$0 - \$500 () Income Received of \$500 or Marc (Report on Schedule (
IF APPLICABLE_LIST DATE	IF APPLICABLE, LIST DATE
	ACQUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 - \$1,000 000  Over \$1,000,000  NATURE OF INVESTMENT  Stock Other (Describe)  Partnership O Income of \$0 - \$500  Income Received of \$500 or More (Report on Schedule C)	FAIR MARKET VALUE  \$2,000 - \$10,000
IF APPLICABLE, LIST DATE.	IF APPLICABLE_LIST DATE
ACQUIRED DISPOSED	ACOUIRED DISPOSED
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF BUSINESS ACTIVITY	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE  \$2,000 - \$10,000	FAIR MARKET VALUE  S2,000   \$10,000   \$10,000   \$100,000   \$100,000   \$100,000   \$100,000   \$1000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT  Stock Other Operation
(Describe)  ☐ Partnership () Income of \$0 - \$500  ☐ Income Recoved of \$500 or More (Report on Scheduls C)	Partnership () Income of \$0 \$500 () Income Received of \$500 or More (Report on Schedule C
IF APPLICABLE LIST DATE	IF APPL'CABLE LIST DATE
/ / 09 / 09 ACQUIRED DISPOSED	/ / 09 / / 09 ACQU:RED DISPOSED

## SCHEDULE B Interests in Real Property (Including Rental Income)

	LIFORNIA FORM 700 POLITICAL PRACTICES COMMISSION
Nam	e
	Stephen W. Mayberg

	CITY
FAIR MARKET VALUE  \$2,000 - \$10,000  \$10,001 - \$100,000  \$100,001 \$1,000,000  ACQUIRED DISPOSED  Over \$1,000,000	FAIR MARKET VALUE
NATURE OF INTEREST	NATURE OF INTEREST
X Ownership/Deed of Trust	Owne ship/Deed of Trust Fastement
f_easenold	Leasehold
IF RENTAL PROPERTY GROSS INCOME RECLIVED	IF RENTAL PROPERTY, GROSS INCOME RECSIVED
\$0 - \$499	[ \$6 - \$493
\$10.001 \$100,000 STEP \$100,000	\$10.001 \$100.000 \ OVER \$300.000
SOURCES OF RENTAL INCOME. If you own a 10% or greater of each tenant that is a single source of	SOURCES OF RENTAL INCOME. If you own a 10% or greater intorest, just the name of each liminal that is a single source
income of \$10,000 or more	income of \$10,000 or more
	20 Sufficiency (press) 2-1 Junior
You are not required to report loans from commercia	I lending institutions made in the lender's regular course ublic without regard to your official status. Personal load
You are not required to report loans from commerciant by business on terms available to members of the purand loans received not in a lender's regular course to NAME OF LENDER	Il lending institutions made in the lender's regular course ublic without regard to your official status. Personal load of business must be disclosed as follows.
You are not required to report loans from commerciant by business on terms available to members of the purand loans received not in a lender's regular course to	Il lending institutions made in the lender's regular course ublic without regard to your official status. Personal load of business must be disclosed as follows.
You are not required to report loans from commerciant by business on terms available to members of the purand loans received not in a lender's regular course to NAME OF LENDER	Il lending institutions made in the lender's regular course ublic without regard to your official status. Personal load of business must be disclosed as follows.
You are not required to report loans from commercial business on terms available to members of the pound loans received not in a lender's regular course to NAME OF LENDER."  ADDRESS (Business Address Acceptable)	If lending institutions made in the lender's regular course ublic without regard to your official status. Personal load of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptaire)
You are not required to report loans from commercial business on terms available to members of the pound loans received not in a lender's regular course to NAME OF LENDER*  ADDRESS (Business Address Acceptable)  BUSINESS ACTIVITY IF ANY, OF LENDER	Il lending institutions made in the lender's regular course ublic without regard to your official status. Personal load of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptaire)  BUSINESS ACTIVITY IF ANY, OF LENDER
You are not required to report loans from commercial by business on terms available to members of the pushed loans received not in a lender's regular course of the pushed of of the	Il lending institutions made in the lender's regular course ablic without regard to your official status. Personal load of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptaine)  BUSINESS ACTIVITY IF ANY, OF LENDER  INTEREST RATE  Nonc
You are not required to report loans from commercial business on terms available to members of the purand loans received not in a lender's regular course of the purand loans received not in a lender's regular course of the purander of Lender's regular course of the purander of Lender's regular course of the purander of Lender's regular course of the purantial section of the purpose of the purp	If lending institutions made in the lender's regular course ablic without regard to your official status. Personal load of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptaine)  BUSINESS ACTIVITY IF ANY, OF LENDER  INTEREST RATE  VERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD
You are not required to report loans from commercial by business on terms available to members of the pushed loans received not in a lender's regular course of the pushed of of the	Il lending institutions made in the lender's regular course ablic without regard to your official status. Personal load of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Rusiness Address Acceptaine)  BUSINESS ACTIVITY IF ANY, OF LENDER  INTEREST RATE  VERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  S500 - \$1,000
You are not required to report loans from commercial by business on terms available to members of the potential forms received not in a lender's regular course of the potential for Lender's regular course of the potential for Lender's regular course of the potential for Lender's regular course of the potential forms and the potential forms and the potential forms and the potential forms and the potential forms are possible forms.  HIGHEST BALANCE DURING REPORTING PERIOD  \$500 - \$1,000   \$100	Il lending institutions made in the lender's regular course ablic without regard to your official status. Personal load of business must be disclosed as follows  NAME OF LENDER*  ADDRESS (Business Address Acceptaine)  BUSINESS ACTIVITY IF ANY, OF LENDER  INTEREST RATE  WERM (Months/Years)  HIGHEST BALANCE DURING REPORTING PERIOD  S500 - \$1,000  \$1,001 \$10,000

## SCHEDULE A-2

## Investments, Income, and Assets of Business Entities/Trusts

(Ownership Interest is 10% or Greater)

1112/00/2	ALIFORNIA FORM 700
Na	ime
	Stephen W. Mayberg

► 1. BUSINESS ENTITY OR TRUST	► 1. BUSINESS ENTITY OR TRUST
Stephen W. Mayberg, Ph.D.	
Name Sacramento, CA	Name
Address (Business Address Acceptable)  Check one  Trust, go to 2  Business Entity complete the box, then go to 2	Address (Business Address Acceptable)  Check one  Trust, go to 2  Business Entity, complete the box, then go to 2
GENERAL DESCRIPTION OF BUSINESS ACTIVITY Psychological Services	GENERAL DESCRIPTION OF BUSINESS ACTIVITY
FAIR MARKET VALUE IF APPLICABLE, LIST DATE:  \$2,000 - \$10,000   1	FAIR MARKET VALUE IF APPLICABLE LIST DATE: \$2,000 - \$10,000
NATURE OF INVESTMENT  Sole Proprietorship Partnership  YOUR BUSINESS POSITION  Owner	NATURE OF INVESTMENT Sole Proprietorship Partnership  Other  YOUR BUSINESS POSITION
► 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLLIDE YOUR PRO RATA SHARE OF THE GROSS INCOME ID THE ENTITY/TRUST)  □ \$0 - \$499 □ \$10,001 - \$100,000 □ \$500 - \$1,000 □ OVER \$100,000 □ \$1,001 - \$10,000	➤ 2. IDENTIFY THE GROSS INCOME RECEIVED (INCLUDE YOUR PRO RATA SHARE OF THE GROSS INCOME <u>10</u> THE ENTITY/TRUST)    \$0 · \$499
➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (#1500) a superall wheel if (#00005647))	➤ 3. LIST THE NAME OF EACH REPORTABLE SINGLE SOURCE OF INCOME OF \$10,000 OR MORE (MIRCH & amplitude scient) if incomessary)
4 INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST  Chock one box  INVESTMENT  REAL PROPERTY	► 4. INVESTMENTS AND INTERESTS IN REAL PROPERTY HELD BY THE BUSINESS ENTITY OR TRUST  Check one box    INVESTMENT:   REAL PROPERTY
Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property	Name of Business Entity <u>or</u> Street Address or Assessor's Parcel Number of Real Property
Description of Business Activity or City or Other Precise Location of Real Property	Description of Business Activity or City or Other Precise Location of Real Property
FAIR MARKET VALUE IF APPLICABLE, LIST DATE  \$2,000 - \$10,000  \$10,001 - \$1,000,000  ACQUIRED DISPOSED  Over \$1,000,000	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST Property Ownership/Deed of Trust Stock Pertnership	NATURE OF INTEREST Property Ownership/Deed of Trust Stock Pertnership
Leasehold Other	Leasehold Other
Check box if additional schedules reporting investments or real property are attached	Check box if additional schedules reporting investments or real property are attached
Comments:	FPPC Form 700 (2009/2010) Sch. A-2